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CONFIRMATION NO. 6454

<b>SERIAL NUMBER</b> 09/928,464	<b>FILING OR 371(c) DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> ACS-57080	
<b>APPLICANTS</b> William J. Boyle, Fallbrook, CA; Benjamin C. Huter, Murrieta, CA; John E. Papp, Temecula, CA; Jack Sahakian, Escondido, CA; Richard S. Stack, Chapel Hills, NC;					
<b>** CONTINUING DATA *****</b> NONE					
<b>** FOREIGN APPLICATIONS *****</b> NONE					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/15/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>mes</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 24201					
<b>TITLE</b> Convertible delivery systems for medical devices					
<b>FILING FEE RECEIVED</b> 1878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		